



SMALL COURSE APPROVAL REQUEST

109 Governor Street, Suite UB-55
Richmond, Virginia 23219
1-800-523-6019 (VA only)
804-864-7600
FAX: 804-864-7580

COURSE # _____ (REQUIRED IF FORM NOT SUBMITTED AT SAME TIME AS COURSE APPROVAL REQUEST)

TYPE OF PROGRAM: (CHECK ONE APPROPRIATE BOX)

- | | |
|--|--|
| <input type="checkbox"/> First Responder Basic | <input type="checkbox"/> EMT – Basic |
| <input type="checkbox"/> First Responder Refresher | <input type="checkbox"/> EMT – Refresher |
| <input type="checkbox"/> First Responder Required Topics | <input type="checkbox"/> EMT – Required Topics |

COURSE COORDINATOR INFORMATION – PRINT

NAME: _____ SSN: _____ - _____ - _____
ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____
PHONE #: HOME: (____) _____ - _____ BUSINESS: (____) _____ - _____ OTHER(____) _____ - _____

PROGRAM LOCATION – PRINT

Facility: _____

PROGRAM INFORMATION -

CURRENT NUMBER OF ENROLLED STUDENTS: _____ PROGRAM LENGTH: _____ (HOURS)

BEGIN DATE: ____/____/____
MONTH DAY YEAR

END DATE: ____/____/____
MONTH DAY YEAR

JUSTIFICATION FOR SPECIAL APPROVAL OF SMALL ENROLLMENT: _____

COURSE COORDINATOR: _____ DATE: ____ - ____ - ____
MONTH DAY YEAR

NOTE - THIS ORIGINAL FORM MUST BE SUBMITTED FOR ALL REIMBURSEMENT REQUESTED COURSES WITH ENROLLMENT OF LESS THAN 13 STUDENTS AT THE TIME OF THE THIRD LESSON OF THE COURSE. APPROVAL OF CONTINUED FUNDING OF THIS COURSE MUST BE OBTAINED PRIOR TO THE END DATE OF THIS COURSE FOR PAYMENT TO BE PROCESSED.

This form DOES NOT replace the standard Course Approval request form required for initial authorization for program instruction.

This form may be submitted by Mail or Fax - (804) 864-7580

[illegible]